

## AGENDA OUTLINE COMMENTS

Ted and Anne, I thought the data information and agenda were good. The data is organized well and provides very good information to insure committee and legislature has good foundation to understand the Iowa environment.

I am unsure that I can stay for the entire meeting so I am sending you some comments now.

I would suggest that we include a data sheet and comments from the last commission on payment levels as this is important and will become even more important as the public plans grow in participation as these have a significant impact on the network availability and cost shifting. That page is attached.

In addition I would suggest that we add two more data elements to the various markets and those elements are comments on network of providers as this provides insight into both the types of coverage and the geography and size of provider access and their reimbursement level. The reimbursement level is what I was referencing in the paragraph above. This is especially insightful for the Iowa Papers program

I have also provided an outline for discussion with my comments. It includes all of the items in your proposed agenda plus a few others that we have discussed.

I believe that as we get ready for health care reform or we just are improving the position of Iowa today, we need to acknowledge our budgetary situation but not let that prevent us from pointing the way to the future when we have the revenues and also to improve those items that will take less budget now and help many existing Iowans. For me this would suggest that we make recommendations for sure:

1. To improve the eligibility difficulties encountered in the public plans in terms of requirements and different enrollment processes
2. To improve the transition of family members between the public programs.
3. To see if we can find a funding source to count public membership as part of continuous coverage requirement for individual insurance. I am guessing that much of the difficulty is over the overall cost of insurance when fully paid for by the individual; but to the extent they are not eligible because of preexisting conditions we find a funding source so they can have coverage and the people in the individual market are not left to pay for these higher cost individuals.

In case I have to leave, I wanted very much to participate and share my views with this committee.

Thanks.

Mike

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1. Public Plans - Examine current / past recommendation to improve transition between hawk-I and Medicaid and prioritize initiatives for implementation.
  - a. Common eligibility
  - b. Common processes for enrollment and transitions between public plans means investment in technology. This investment should anticipate being part of an exchange for the private markets or at least at a minimum able to directly communicate with the exchange technology.
2. Public to Private
  - a. Examine administrative and other measures to improve enrollment in and transition between private insurance and public plans. SEE 1.b. to insure technology investment is leveraged as believe federal legislation will require the development of an Exchange.
  - b. Improve creditable coverage opportunities and indentify funding source. It is important to understand that people may not be able to transition to individual market when individual pays for the full cost of their coverage so a payment subsidy maybe the biggest issues; however, if they are not able to get into the market because of pre-existing conditions, Iowa does have a high risk pool. However the high-risk pool premium is more costly, so this is most likely a cost issue. If so, we need to treat as such and see if it is appropriate to have just those in the individual market pay for these higher cost individuals or find a broader funding source; for example, a greater subsidy form the high risk pool when incomes are below a certain level.
3. Access to Providers
  - a. Include additional data that talks about provider access by various public plans, as this is a problem today.
  - b. Examine the role of safety net providers in a seamless system.
4. Health Care Cost, and affordability
  - a. Most important cost driver is health of Iowa population. Ask various Iowa departments with appropriate knowledge to list environments factors that most contribute to a population causing higher health care costs and see how to address these.
  - b. Second most important cost driver is fact that our payment methodology rewards for number and type of transactions rather than for processes that improve quality. Hopefully federal reform will address this; but we need to state it. Repeat data chart and conclusions from last commission on payments.
5. Discussion of Iowa exchange (Add following to existing outline)
  - a. Information that would be helpful to all markets:
    - i. Quality information – quality ratings of providers.
    - ii. Price that providers charge
    - iii. List insurance options with prices